

STERILIZATION AND SOCIAL WELFARE

A Survey of Current Developments in North Carolina

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Therapeutic sterilization may be defined as an operation intended to benefit the health of the subject, whereas the purpose of eugenic sterilization is to prevent the transmission of diseases and defects to future generations. In everyday practice, apart from certain grave mental disorders or some urgent physical indications for the procedure, we find that the two categories are not sharply contrasted but tend to shade into each other at different points on a scale; and this overlapping is especially noticeable in cases from those lower-income groups which come within the purview of State agencies.

We may cite, for example, the multipara of borderline mentality, who is as likely to require relief from further pregnancies on the physical grounds of exhaustion, cardiovascular symptoms of pelvic damage as she is on grounds of her undesirable genetic potentialities; or the mother of neuropathic stock whose physical condition may be normal, but who is so harassed by economic misfortune and her own fertility that an additional pregnancy may precipitate mental breakdown. North Carolina eugenic sterilization law, confined as it is to three limited classes of persons, psychotic, epileptic and feeble-minded, cannot be interpreted to cover cases of this nature, nor can it be employed to secure the sterilization of those who are afflicted with hereditary physical defect such as blindness.

It therefore happens that social agencies, in their desire to lessen some of the many problems presented by continued fertility, ill-health and poverty, often turn to sympathetic surgeons who will interpret "therapeutic" in the broadest sense of the word. Not only is sterilization widely carried out on this social level, but it is sought after by women of upper-income groups as a convenient contraceptive measure irrespective of strict physical indications.

EXTENT OF PRACTICE IN NORTH CAROLINA

In the nature of things, exact figures are difficult to obtain. It appears that some sterilizations are not primarily recorded as such, or the operation is incidental to an obstetric procedure or major gynaecological repair. The head of the obstetric department in one teaching hospital estimated that more than 200 women had had a bilateral tubal ligation performed on his service alone in the past few years; another semi-private hospital (in a town with a population between 60,000 and 70,000) furnished a list of fifty-eight sterilizations on white women which had been carried out during the previous two years.* A questionnaire which was circulated to the hundred county welfare departments contained an item relating to participation in therapeutic sterilization, and the reported number of such cases over a five-year period was 546. (Some evidence is available to indicate that this figure is an understatement.) We may note that the total number of official eugenic sterilizations in the welfare departments during a nineteen-year period was 754. In one rural North Carolina county where an intensive study of mental cases was carried out during 1946, fifty-nine sterilized women were located, of whom only thirty-six had gone through the official channels of the Eugenics Board. The author of this study, a former welfare superintendent of the county in question, told me that it would have been possible for most of the other twenty-three cases to be dealt with by the Eugenics Board, since mental grounds for operation were often present as well as physical; but if a co-operative doctor were available, it was more expeditious and easier to go ahead without legal formality.

This situation, whereby a large proportion of sterilizations are unofficially arranged on mixed physical and socio-economic grounds, is being paralleled in other parts of the State. It appears to have developed as the result

of three factors: an existing but limited sterilization law; public awareness of the possibility; and improved techniques of operation. In regard to this last, we have to consider not only the increasing safety of female sterilization which has been derived from accumulated experience (some hospitals in the United States have performed long series of tubal ligations—800 in one centre alone—with practically no fatalities), but the social convenience of post-partum operation when the patient is sterilized a few days or even a few hours after her delivery.

STERILIZATION AS PART OF PEOPLE'S THINKING

In countries such as Britain, where eugenic sterilization is not legally recognized, its use as a practical social measure would rarely come to mind or even be envisaged as attainable possibility. In North Carolina, however, where for almost twenty years the law has provided for limitation of the reproductive activity of certain classes of persons, health and social workers look on sterilization as one of the measures they can recommend in suitable cases. It is easy to see how its application to the mentally handicapped would gradually be carried over in people's minds to other and related situations, where the advantage of the measure would be obvious from every social and economic point of view, and might even be requested by the individuals themselves.

It is a fact of considerable sociological importance that women of all classes in the community are aware that sterilization is available. They know it assures them of permanent protection free from the drawbacks and uncertainties of birth control (which tends in any case to be inconsistently practiced among groups who need it most), and they have before them the example of those already operated on who are enthusiastic in their praises. Revolutionary though it may seem in terms of the established customs and beliefs of a religiously minded Southern culture, it appears to be fast becoming an accepted pattern of the contemporary social scene.

Thus, during the course of interviews with married women who had been sterilized, it was usual to find that the individual knew of others in the same position, or that she herself had asked for the operation to be performed. One such woman, a college graduate, induced two of her sterilized friends to volunteer for interview and mentioned others with whom she was less well acquainted. She knew of women who had "shopped around" for a doctor who would sterilize them. The wife of a mechanic said that her husband's mother and sister had both been sterilized, and that her own sister (who had had three children in four years) was most anxious to be so treated. A Negro woman said that since she had had the operation, several people had asked her about it, and that her sister-in-law "wanted to take one" as she had had six children very quickly. Two women in poor circumstances spoke of sterilized neighbours, and one even accompanied the interviewer to provide a personal introduction.

There is no doubt about the popularity of the operation. "Ah'm proud of mine," was common vernacular approval. "People envy me," said a butcher's wife. "It's really something to be able to plan and know where you are." Many wished that they could have been sterilized years sooner, and one woman with a record of twelve pregnancies summed up her view in the spontaneous remark: "Ah think it's a great thing for poor folks to have." Relief from worry and anxiety was everywhere expressed, not only among the poor but among those better-off women who had obtained what are known to the medical profession as sterilizations of convenience.

* The total population of North Carolina is approximately 3½ million, of which 27.5 per cent. is Negro. The land area is about the same as that of England (48,480 square miles).